Elderly, Blind and Disabled (65+, 18-64)

Effective July 1, 2020-June 30, 2021



							Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	ective 01/2020	Eff	ective 01/2020	Unit Value	Comments
Adult Day Services						01/0	11/2020	07/0	11/2020		
	0-10-					_				1.,	An individual unit is 4-5
Basic	S5105	UC				\$	31.63	\$	31.31	1/2 Day	hours per day
Specialized	S5105	UC	TF			\$	43.28	\$	42.85	1/2 Day	An individual unit is 3-5
Specialized	33103	00	11			φ	43.20	φ	42.00	1/2 Day	hours per day
Adult Day Service Transp	ortation										
All types except Adult Day	are limite	d to 20)8 trips	, or 104	1 round	l trips	per serv	ice pla	an year		
Taxi	A0100	UC	HB			PUC	<u></u> *	PUC	<u></u> *	1 Way Trip	
Mobility Van											
Mobility Van-Mileage	A0120	UC	НВ			\$	9.55	\$	9.46	1 Way Trip	
Band 1 (0-10 miles)	7.0.20						0.00	Ψ	0.10	· ···ay ····p	
Mobility Van-Mileage	A0120	UC	TT	НВ		\$	17.61	\$	17.44	1 Way Trip	
Band 2 (11-20 miles)								,			
Mobility Van-Mileage	A0120	UC	TN	НВ		\$	26.21	\$	25.95	1 Way Trip	
Band 3 (over 20 miles) Wheelchair Van											
Wheelchair Van-Mileage										I	I
Band 1 (0-10 miles)	A0130	UC	HB			\$	11.34	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage											
Band 2 (11-20 miles)	A0130	UC	TT	HB		\$	21.23	\$	21.02	1 Way Trip	
Wheelchair Van-Mileage	10100					_					
Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$\$	28.92	\$	28.63	1 Way Trip	
Assistive Technology-	T2029	UC				NR*		NR*		Per Purchase	\$1,000.00 Maximum
Extended	12029	UC				INIX		INIX		Pei Pulchase	\$1,000.00 Waxiiiluiii
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se	•	•									
Combined Maximum of \$16	6,700.00	for Cod	ordinate	or and	Items F	Purcha	ased				
	Foods	5						ND*			\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for
Coordinator	T2038	UC				NR*		NR*		Per Transition	allowed for Extended Transition Services following Department approval.
Service Items	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Consumer Direct Attenda			rvices	(CDAS	S)						
CDASS Homemaker	T2025	UC				\$	4.54	\$	4.54	15 Minutes	
CDASS Personal Care	T2025	UC				\$	4.54	\$	4.54	15 Minutes	
CDASS Health	T2025	UC				\$	7.51	\$	7.51	15 Minutes	
Maintenance CDASS Per Member Per I	Month P	v EMC	Vonde)r						<u> </u>	
Acumen- FEA	T2040	UC	vende)i		\$	85.00	\$	95.00	Month	I
Public Partnerships, LLC-	12040					Φ	00.00	Φ	85.00	IVIOLIUI	
FEA	T2040	UC				\$	103.21	\$	103.21	Month	
Palco- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Dental Dental	D2999	UC				NR*	00.00	NR*		Per Procedure	\$8,000.00 Maximum
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Version: 1.0 Date: 06/23/2020



Elderly, Blind and Disabled (65+, 18-64)

Effective July 1, 2020-June 30, 2021



							Rate		Rate		
Service Description	Proc	Mod	Mod	Mod	Mod		ective		fective	Unit Value	Comments
μ	Code	#1	#2	#3	#4	01/0	1/2020	07/	01/2020		
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery/Meal	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modification	S5165	S				NR*		NR ³	*	Per Mod	\$14,000.00 Lifetime Maximum
Homemaker	S5130	UC				\$	4.98	\$	4.93	15 minutes	
In Home Support Service	es .										
IHSS Health Maintenance	H0038	UC				\$	7.51	\$	7.44	15 minutes	
IHSS Homemaker	S5130	UC	KX			\$	4.98	\$	4.93	15 minutes	
IHSS Personal Care	T1019	UC	KX			\$	4.98	\$	4.93	15 minutes	
IHSS Relative Personal Care	T1019	UC	HR	кх		\$	4.98	\$	4.93	15 minutes	No limit on IHSS benefits provided by parents of adult children. All other relatives limited to 40 hours per week.
Independent Living Skills Training (ILST)	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Medication Reminder											
Install/Purchase	T2029	UC	TF			NR*		NR ³	*	Per Purchase	1 unit = 1 purchase
Monitoring	S5185	UC				NR*		NR ³	*	Month	1 unit = 1 month
Non Medical Transportat All types except Adult Day		ed to 20)8 trips	, or 10	4 round	l trips	per servi	ice pl	lan year		
Taxi	A0100	UC				PUC	*	PU	C*	1 Way Trip	
Mobility Van											
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	9.55	\$	9.46	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT			\$	17.61	\$	17.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	26.21	\$	25.95	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	11.34	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	21.23	\$	21.02	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	28.92	\$	28.63	1 Way Trip	
Non-Medical Transportat				nsit							
RTD Local	A0110	UC	TT			\$	57.00	\$		Monthly	
RTD Local- TFAD	A0110	UC	TT	НВ		\$	57.00	\$		Monthly	
RTD Local	A0110	UC	TK	1.5		\$	14.00	\$		10 Ride Book	
RTD Local	A0110	S	TK TF	HB		\$	14.00	\$	14.00	10 Ride Book	
RTD Local RTD Local- TFAD	A0110 A0110	UC	TF	НВ		\$	3.00	\$		Day Pass Day Pass	
RTD Local	A0110	UC	TN	טוו		\$	1.50	\$		3 Hour Pass	
RTD Local- TFAD	A0110	UC	TN	НВ		\$	1.50	\$		3 Hour Pass	
					-					-	_





Elderly, Blind and Disabled (65+, 18-64)

Effective July 1, 2020-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2020	Ef	Rate fective 01/2020	Unit Value	Comments
RTD Local- Access A Ride	A0110	UC	SE			\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride TFAD	A0110	UC	SE	НВ		\$	5.00	\$	5.00	Single	
RTD Local- Access A Ride	A0110	S	TG			\$	30.00	\$	30.00	6 Ride Book	
RTD Local- Access A Ride TFAD	A0110	S	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Non-Medical Transportat	ion, Reg	ional F	ublic '	Transit							
RTD Regional	A0110	UC	CG			\$	99.00	\$	99.00	Monthly	
RTD Regional TFAD	A0110	UC	CG	НВ		\$	99.00	\$	99.00	Monthly	
RTD Regional	A0110	UC	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	НВ		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	UC	TU			\$	5.25	\$	5.25	Day Pass	
RTD Regional TFAD	A0110	UC	TU	НВ		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	UC	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	НС			\$	9.00	\$	9.00	Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Personal Care	T1019	UC				\$	4.98	\$	4.93	15 minutes	
Personal Care-Relative	T1019	UC	HR			\$	4.98	\$	4.93	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	_									-	
Install/Purchase	S5160	UC				NR*		NR*		Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*	•	Month	1 unit = 1 month
Respite Care Combined maximum of 30	days per	calend	dar yea	r for Re	espite (Care p	orovided	in an	ACF, In I	Home, or a Nurs	ing Facility
ACF	S5151	UC				\$	88.97	\$	88.08	Day	
In-Home	S5150	UC				\$	5.70	\$	5.64	15 minutes	Not to exceed the Nursing Facility per diem for respite care (or 6.5 hours per day)
NF	H0045	UC				\$	178.55	\$	176.76	Day	
Transitional Behavioral Health Services	H0025	UC				\$	25.31	\$	25.31	30 Minutes	
Vision Services	V2799	UC				\$	1.00	\$	1.00	Per Procedure	\$1,000 Maximum

	Legend									
CG	Policy criteria applied									
НВ	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)									
HF	Substance Abuse Program									
HQ	Group Setting									
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)									
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)									
NR*	Negotiated Rate, will vary by client									
PUC*	Public Utility Commission Determined Rate									





Elderly, Blind and Disabled (65+, 18-64)

Effective July 1, 2020-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2020	Rate Effective 07/01/2020	Unit Value	Comments			
TF	Interme	Intermediate Level of Care										
TN	Outside	Provid	lers' c	ustom	ary ser	vice area						
TT	Individu	alized	servic	e prov	ided to	more than o	ne client in th	e same setting				
UC	Colorad	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)										





Community Mental Health Supports





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	Rate ective 1/2020			Unit Value	Comments
Adult Day Services						0 170	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0170	.,,		
Basic	S5105	UC				\$	31.63	\$	31.31	1/2 Day	An individual unit is 4-5 hours per day
Specialized	S5105	UC	TF			\$	43.28	\$	42.85	1/2 Day	An individual unit is 3-5 hours per day
Adult Day Service Transp All types except Adult Day		ed to 20	08 trips	, or 10	4 round	l trips					
Taxi	A0100	UC	HB	<u></u>		PUC	*	PUC	*	1 Way Trip	
Mobility Van											<u>I</u>
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC	НВ			\$	9.55	\$	9.46	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	17.61	\$	17.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	26.21	\$	25.95	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC	НВ			\$	11.34	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	21.23	\$	21.02	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	28.92	\$	28.63	1 Way Trip	
Assistive Technology- Extended	T2029	UC				NR*		NR*		Per Purchase	\$1,000.00 Maximum
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se	ervices (0	CTS)									
Combined Maximum of \$16	6,700.00	for Cod	ordinate	or and	Items F	urcha	sed				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Service Items	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Consumer Directed Atter		rvices	(CDAS	S)							
CDASS Homemaker	T2025	UC				\$	4.54			15 Minutes	
CDASS Personal Care	T2025	UC				\$	4.54	\$	4.54	15 Minutes	
CDASS Health	T2025	UC				\$	7.51	\$	7.51	15 Minutes	
Maintenance			Von d								
CDASS Per Member Per I			vendo	Σľ		<u></u>	05.00	<u> </u>	05.00	N / a in the	
Acumen- FEA Public Partnerships, LLC- FEA	T2040 T2040	UC				\$	85.00 103.21	\$		Month Month	
Palco- FEA	T2040	UC				\$	85.00	\$	85.00	Month	
Dental	D2999	UC				NR*	00.00	NR*	00.00	Per Procedure	\$8,000.00 Maximum



Community Mental Health Supports





	_					F	Rate	F	Rate		
Service Description	Proc	Mod	Mod	Mod	Mod		ective		ective	Unit Value	Comments
	Code	#1	#2	#3	#4	01/0	1/2020	07/0	1/2020		
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution
Home Modification	S5165	UC				NR*		NR*		Per Mod	\$10,000.00 Maximum
Homemaker	S5130	UC				\$	4.98	\$	4.93	15 Minutes	. ,
Independent Living Skills Training	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Medication Reminder	•									•	
Install/Purchase	T2029	UC	TF			NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5185	UC				NR*		NR*		Month	1 unit = 1 month
Non Medical Transportat	ion										
All types except Adult Day	are limite	ed to 20	08 trips	, or 104	4 round	l trips					
Taxi	A0100	UC				PUC	*	PUC	*	1 Way Trip	
Mobility Van											
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	9.55	\$	9.46	1 Way Trip	
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT			\$	17.61	\$	17.44	1 Way Trip	
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	26.21	\$	25.95	1 Way Trip	
Wheelchair Van											
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	11.34	\$	11.23	1 Way Trip	
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	21.23	\$	21.02	1 Way Trip	
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	28.92	\$	28.63	1 Way Trip	
Non-Medical Transportat	ion, Loc		lic Trai	nsit							
RTD Local	A0110	UC	TT			\$	57.00	\$		Monthly	
RTD Local- TFAD	A0110	UC	TT	HB		\$	57.00	\$		Monthly	
RTD Local	A0110	UC	TK			\$	14.00			10 Ride Book	
RTD Local- TFAD	A0110	UC	TK	НВ		\$	14.00	\$		10 Ride Book	
RTD Local	A0110	UC	TF			\$	3.00	\$		Day Pass	
RTD Local- TFAD	A0110	UC	TF	НВ		\$	3.00	\$		Day Pass	
RTD Local RTD Local- TFAD	A0110	UC	TN	НВ		\$	1.50 1.50	\$		3 Hour Pass 3 Hour Pass	
RTD Local- Access A	A0110 A0110	UC	SE	ПБ		\$	5.00	\$		Single	
Ride RTD Local- Access A	A0110	UC	SE	НВ		\$	5.00	\$		Single	
Ride TFAD RTD Local- Access A	A0110	UC	TG			\$	30.00	\$		6 Ride Book	
Ride RTD Local- Access A	A0110	UC	TG	НВ		\$	30.00	\$	30.00	6 Ride Book	
Ride TFAD Non-Medical Transportat			Jublia :	Tranci:							
	A0110	UC	CG	ransi		Φ.	99.00	\$	99.00	Monthly	
RTD Regional						\$					
RTD Regional TFAD	A0110	UC	CG	НВ		\$	99.00	\$	99.00	Monthly	



Community Mental Health Supports





Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate ective 01/2020	Eff	Rate fective 01/2020	Unit Value	Comments
RTD Regional	A0110	S	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	HB		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	S	TU			\$	5.25	\$	5.25	Day Pass	
RTD Regional TFAD	A0110	S	TU	НВ		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	UC	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	HB		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	НС			\$	9.00	\$	9.00	Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 minutes	
Personal Care	T1019	UC				\$	4.98	\$	4.93	15 minutes	
Personal Care-Relative	T1019	UC	HR			\$	4.98	\$	4.93	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	sponse S	ystem	(PERS	5)							
Install/Purchase	S5160	UC				NR*		NR*	•	Per Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*	•	Month	1 unit = 1 month
Respite Care Combined maximum of 30	days per	calend	dar yea	r for Re	espite (Care p	orovided	in an	ACF or a	Nursing Facility	,
Alternative Care Facility (ACF)	S5151	UC				\$	88.97	\$	88.08	Day	
Nursing Facility	H0045	UC				\$	178.55	\$	176.76	Day	
Transitional Behavioral Health Services	H0025	UC				\$	25.31	\$	25.31	30 Minutes	
Vision Services	V2799	UC				\$	1.00	\$	1.00	Per Procedure	\$1,000 Maximum

	Legend
CG	Policy criteria applied
НВ	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)
HF	Substance Abuse Program
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
NR*	Negotiated Rate, will vary by client
PUC*	Public Utility Commission Determined Rate
TF	Intermediate Level of Care
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)



Brain Injury

Effective July 1, 2020-June 30, 2021



	Rate Rate													
Complex Description	Proc	Mod	Mod	Mod	Mod		cate ective		Rate fective	Unit Value	Comments			
Service Description	Code	#1	#2	#3	#4		1/2020		01/2020	Unit value	Comments			
						01/0	1/2020	0770	1/2020		At least 2 or more hours			
Adult Day Services	S5102	UC				\$	78.08	\$	77.30	Day	of attendance 1 or more			
riadii Bay Gorvicos	00.02					*	7 0.00	Ψ		Jay	days per week			
Adult Day Service Transp	ortation			l							anys per meen			
All types except Adult Day)4 trips	. or 104	4 round	d trips								
Taxi	A0100	UC	НВ			•	UC*	Г г	PUC*	1 Way Trip				
Mobility Van	710100	- 00	110			<u> </u>		'		i way mp				
Mobility Van-Mileage		l				1				1				
Band 1 (0-10 miles)	A0120	UC	HB			\$	9.55	\$	9.46	1 Way Trip				
` '														
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT	НВ		\$	17.61	\$	17.44	1 Way Trip				
Mobility Van-Mileage														
Band 3 (over 20 miles)	A0120	UC	TN	НВ		\$	26.21	\$	25.95	1 Way Trip				
Wheelchair Van										l .				
Wheelchair Van-Mileage	ı					I				1				
Band 1 (0-10 miles)	A0130	UC	HB			\$	11.34	\$	11.23	1 Way Trip				
Wheelchair Van-Mileage														
Band 2 (11-20 miles)	A0130	UC	TT	НВ		\$	21.23	\$	21.02	1 Way Trip				
Wheelchair Van-Mileage														
Band 3 (over 20 miles)	A0130	UC	TN	НВ		\$	28.92	\$	28.63	1 Way Trip				
Assistive Technology	T2029	UC	НВ	<u> </u>		NR*		NR*	:	Per Purchase				
Behavioral Programming	H0025	UC	TF			\$	14.86	\$		30 Minutes				
	Caregiver Education S5110 UC \$ 12.19 \$ 12.19 15 Minutes													
	Community Transition Services (CTS) Combined Maximum of \$16,700.00 for Coordinator and Items Purchased													
Combined Maximum of \$10	0,700.00	101 000	Jiulilat	or ariu	items i	uiciia	13 0 0	1		1	1			
											\$3,800.00 per Transition,			
											\$15,200 Maximum. Post-			
											transition, up to 3 units for			
Coordinator	T2038	UC				NR*		NR*	:	Per Transition	allowed for Extended			
											Transition Services			
											following Department			
											approval.			
Items Purchased	A9900	UC				NR*		NR*	:	Per Purchase	\$1,500.00 Maximum			
Consumer Direct Attenda			nd Ser	vices (CDASS			INIX		i ei i dichase	ψ1,500.00 Maximum			
CDASS Homemaker	T2025	UC	10 001	l cool	ODAGO	\$ \$	4.54	\$	1.51	15 minutes				
CDASS Personal Care	T2025	UC				\$	4.54	\$		15 Minutes				
CDASS Fersonal Care CDASS Health	12023	00				Ψ	4.54	Ψ	4.54	13 Milliates				
Maintenance	T2025	UC				\$	7.51	\$	7.51	15 minutes				
CDASS Per Member Per	Month B	V FMS	Vend	or .						l				
Acumen- FEA	T2040	UC	Vena			\$	85.00	\$	85.00	Month				
Public Partnerships, LLC-						Ψ		Ψ						
FEA	T2040	UC				\$	103.21	\$	103.21	Month				
Palco- FEA	T2040	UC				\$	85.00	\$	85.00	Month				
T GIOO T EX	12010	00				ΙΨ	00.00	Ψ	00.00	MOTH	At least 2 or more hours			
Day Treatment	H2018	UC				\$	83.55	\$	82.71	Day	of attendance 1 or more			
- a, 110aa11011t	0.0					*	55.55	_	02.7	- ~,	days per week			
											\$8,000.00 Lifetime			
Dental	D2999	UC				NR*		NR*		Per Procedure	Maximum, Demonstration			
						'''`					Service			
				ı		l		I		<u> </u>	23.7100			



Brain Injury

Effective July 1, 2020-June 30, 2021



Effective July 1, 2020-3							Data		Data					
Service Description	Proc	Mod	Mod	Mod	Mod	Ef	Rate fective		Rate ffective	Unit Value	Comments			
Service Description	Code	#1	#2	#3	#4		01/2020		/01/2020	Offic value	Comments			
Home Delivered Meals	S5170	UC				\$	10.80	\$	10.80	Per Delivery/ Meal	Time limited for CCT clients, may be provided more often during initial weeks after discharge from an institution			
Home Modifications	S5165	UC				NR'	*	NR	2 *	Per Mod	\$14,000.00 Lifetime Maximum			
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes				
Independent Living Skills Training (ILST)	T2013	UC				\$	26.79	\$	26.79	Hour				
Mental Health Counseling Must obtain Department ap	_	ver 30	cumula	ntive vis	sits of c	ouns	eling							
Family														
Group	H0004	UC	HQ			\$	15.19	\$	15.04					
Individual	H0004	UC				\$	25.75	\$	25.49	15 minutes				
Non-Medical Transportat All types except Adult Day		ed to 20)4 trips	, or 10 ⁴	4 round	l trips	3							
Taxi	A0100	UC					PUC*		PUC*	1 Way Trip				
Mobility Van								•			•			
Mobility Van-Mileage Band 1 (0-10 miles)	A0120	UC				\$	9.55	\$	9.46	1 Way Trip				
Mobility Van-Mileage Band 2 (11-20 miles)	A0120	UC	TT			\$	17.61	\$	17.44	1 Way Trip				
Mobility Van-Mileage Band 3 (over 20 miles)	A0120	UC	TN			\$	26.21	\$	25.95	1 Way Trip				
Wheelchair Van														
Wheelchair Van-Mileage Band 1 (0-10 miles)	A0130	UC				\$	11.34	\$	11.23	1 Way Trip				
Wheelchair Van-Mileage Band 2 (11-20 miles)	A0130	UC	TT			\$	21.23	\$	21.02	1 Way Trip				
Wheelchair Van-Mileage Band 3 (over 20 miles)	A0130	UC	TN			\$	28.92	\$	28.63	1 Way Trip				
Non-Medical Transportat	ion, Loca	al Publ	ic Tra	nsit										
RTD Local	A0110	UC	TT			\$	57.00	\$	57.00	Monthly				
RTD Local- TFAD	A0110	UC	TT	HB		\$	57.00	\$	57.00	Monthly				
RTD Local	A0110	UC	TK			\$	14.00	\$		10 Ride Book				
RTD Local- TFAD	A0110	UC	TK	НВ		\$	14.00	\$		10 Ride Book				
RTD Local	A0110	UC	TF			\$	3.00	\$		Day Pass				
RTD Local- TFAD	A0110	UC	TF	HB		\$	3.00	\$		Day Pass				
RTD Local	A0110	UC	TN	LID		\$	1.50	\$		3 Hour Pass				
RTD Local- TFAD RTD Local- Access A	A0110	UC	TN	HB		\$	1.50	\$		3 Hour Pass				
Ride	A0110	UC	SE			\$	5.00	\$	5.00	Single				
RTD Local- Access A Ride TFAD	A0110	UC	SE	НВ		\$	5.00	\$	5.00	Single				
RTD Local- Access A Ride	A0110	UC	TG			\$	30.00	\$	30.00	6 Ride Book				
RTD Local- Access A Ride TFAD	A0110	UC	TG	НВ		\$	30.00	\$	30.00	6 Ride Book				
Non-Medical Transportat	ion, Reg	ional F	ublic	Transit										

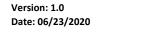
Brain Injury

Effective July 1, 2020-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	ate ective 1/2020	Eff	Rate ective 01/2020	Unit Value	Comments
RTD Regional	A0110	UC	CG			\$	99.00	\$	99.00	Monthly	
RTD Regional TFAD	A0110	UC	CG	НВ		\$	99.00	\$	99.00	Monthly	
RTD Regional	A0110	UC	TJ			\$	25.25	\$	25.25	10 Ride Book	
RTD Regional TFAD	A0110	UC	TJ	НВ		\$	25.25	\$	25.25	10 Ride Book	
RTD Regional	A0110	UC	TU			\$	5.25	\$	5.25	Day Pass	
RTD Regional TFAD	A0110	UC	TU	НВ		\$	5.25	\$	5.25	Day Pass	
RTD Regional	A0110	UC	EY			\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional TFAD	A0110	UC	EY	НВ		\$	2.60	\$	2.60	3 Hour Pass	
RTD Regional- Access A Ride	A0110	UC	НС			\$	9.00	\$	9.00	Single	
RTD Regional TFAD- Access A Ride	A0110	UC	НС	НВ		\$	9.00	\$	9.00	Single	
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Personal Care	T1019	UC	TG			\$	4.98	\$	4.93	15 minutes	Not to exceed 10 hours per day
Personal Care-Relative	T1019	UC	HR	TG		\$	4.98	\$	4.93	15 minutes	Maximum reimbursement not to exceed 1776 units per year
Personal Emergency Res	ponse S	ystem	(PERS	5)							
Installation	S5160	UC				NR*		NR*		Per Purchase	1 unit = 1 purchase
Monitoring	S5161	UC				NR*		NR*		Month	1 unit = 1 month
Respite Care Combined maximum of 72) hours p	er certi	ification	n perio	dfor Re	spite C	Care pro	vided	In Home	or a Nursing Fa	acility
In Home	S5150	UC				\$	5.70	\$	5.64	15 minutes	All inclusive of client's needs; not to exceed 8 hours per day
NF	H0045	UC	TF			\$ ^	178.55	\$	176.77	Day	
Substance Abuse Couns	eling										
Family	T1006	UC	HR	HF		\$	61.45	\$	60.83	Hour	
Group	H0047	UC	HQ	TF	HF	\$	34.43	\$	34.09	Hour	
Individual	H0047	UC	TF	HF		\$	61.45	\$	60.83	Hour	

	Legend
CG	Policy criteria applied
FS*	Facility Specific rate determined using acuity scores by the Dept.
HB	To and From Adult Day (HCPCS Defn: Adult Program, non-geriatric)
HE	Mental Health Program
HF	Substance Abuse Program
HK	Specialized Mental Health Program for High-Risk Populations
HQ	Group Setting
HR	Relative providing care (HCPCS Defn: Family/Couple with client present)
KX	In Home Support Services (HCPCS Defn: Requirements specified in the medical policy have been met)
NR*	Negotiated Rate, will vary by client
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TN	Outside Providers' customary service area
TT	Individualized service provided to more than one client in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)



Developmental Disabilities

Effective July 1, 2020-June 30, 2021



	Proc	Mod	Mod	Mod	Mod	Rate	Rate		
Service Description	Code	#1	#2	#3	#4	Effective 01/01/2020	Effective 07/01/2020	Unit Value	Comments
Assistive Technology- Extended Behavioral Services	T2029	UC				NR*	NR*	Per Purchase	\$1,000.00 Maximum
	1,,,,,,,,					A 7 0 0	A 7.00		Maximum of 960 units per
Behavioral Line Staff	H2019	UC				\$ 7.30	\$ 7.23	15 Minutes	Service Plan year.
Behavioral Consultation	H2019	UC	HI	TG		\$ 25.80	\$ 25.54	15 Minutes	Maximum of 80 units per service plan year
Behavioral Counseling- Individual	H2019	UC	TF	TG		\$ 25.80	\$ 25.54	15 Minutes	Maximum of 208 units combined Individual and
Behavioral Counseling Group	H2019	UC	TF	HQ		\$ 8.70	\$ 8.61	15 Minutes	Group, per Service Plan year.
Behavioral Plan Assessment	T2024	UC	HI			\$ 25.80	\$ 25.54	15 Minutes	Maximum of 40 units per Service Plan year.
Caregiver Education	S5110	UC				\$ 12.19	\$ 12.19	15 Minutes	
Community Transition Sombined Maximum of \$1			ordinate	or and	Items F	Purchased			
Coordinator	T2038	UC				NR*	NR*	Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*	NR*	Per Purchase	\$1,500.00 Maximum
Day Rehabilitation Maximum units of Speciali is 7112 units per service p Prevocational Services an	lan year;	Maxim	um cor	nbined	units c	of Specialized I	Habilitation, Su		
Specialized Habilitation Level 1	T2021	UC	HQ			\$ 2.60	\$ 2.57	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 2	T2021	UC	HI	HQ		\$ 2.86	\$ 2.83	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 3	T2021	UC	TF	HQ		\$ 3.18	\$ 3.15	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 4	T2021	UC	TF	НІ	HQ	\$ 3.75	\$ 3.71	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 5	T2021	UC	TG	HQ		\$ 4.64	\$ 4.59	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 6	T2021	UC	TG	НІ	HQ	\$ 6.66	\$ 6.59	15 Minutes	Maximum 4,800 units
Specialized Habilitation Level 7	T2021	UC	SC	HQ		\$ 10.48	\$ 10.38	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 1	T2021	UC				\$ 3.16	\$ 3.13	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 2	T2021	UC	НІ			\$ 3.45	\$ 3.42	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 3	T2021	UC	TF			\$ 3.91	\$ 3.87	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 4	T2021	UC	TF	Ħ		\$ 4.48	\$ 4.44	15 Minutes	Maximum 4,800 units



Developmental Disabilities

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate fective 01/2020		Rate ffective /01/2020	Unit Value	Comments
Supported Community Connections Level 5	T2021	UC	TG			\$	5.46	\$	5.40	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 6	T2021	UC	TG	HI		\$	7.10	\$	7.03	15 Minutes	Maximum 4,800 units
Supported Community Connections Level 7	T2021	UC	sc			\$	10.48	\$	10.38	15 Minutes	Maximum 4,800 units
Dental	D2999	UC	НІ			\$	-	\$	-		Please refer to DIDD Dental Fee Schedule for rates
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Non Medical Transportat Maximum of 508 trips (all r		ands) p	oer Ser	vice Pl	an yea	r.					
Transportation Mileage Band 1 (0-10 Miles)	T2003	UC				\$	6.65	\$	6.58	1 Trip	
Transportation Mileage Band 2 (11-20 Miles)	T2003	UC	НІ			\$	13.91	\$	13.77	1 Trip	
Transportation Mileage Band 3 (over 20 miles)	T2003	UC	TF			\$	21.18	\$	20.97	1 Trip	
Other (public conveyance)	T2004	UC				\$	1.00	\$		Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.
Peer Mentorship	H2015	UC				\$	5.36	\$	5.36	15 Minutes	
Prevocational Services Maximum units of Specialis is 7112 units per service p Prevocational Services and	lan year;	Maxim	um cor	nbined	units c	of Spo	ecialized l	Habil	itation, Su		
Prevocational Services Level 1	T2015	UC	HQ			\$	2.60	\$	2.57	15 Minutes	Maximum 4,800 units
Prevocational Services Level 2	T2015	UC	HI	HQ		\$	2.86	\$	2.83	15 Minutes	Maximum 4,800 units
Prevocational Services Level 3	T2015	UC	TF	HQ		\$	3.18	\$	3.15	15 Minutes	Maximum 4,800 units
Prevocational Services Level 4	T2015	UC	TF	HI	HQ	\$	3.75	\$	3.71	15 Minutes	Maximum 4,800 units
Prevocational Services Level 5	T2015	UC	TG	HQ		\$	4.64	\$	4.59	15 Minutes	Maximum 4,800 units
Prevocational Services Level 6	T2015	UC	TG	HI	HQ	\$	6.66	\$	6.59	15 Minutes	Maximum 4,800 units
Residential Services											
Group Residential Services and Supports- Level 1	T2016	UC	HQ			\$	118.00	\$	116.82	Day	
Group Residential Services and Supports- Level 2	T2016	UC	НІ	HQ		\$	142.13	\$	140.71	Day	



Developmental Disabilities

Effective July 1, 2020-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Rate fective 01/2020		Rate fective 01/2020	Unit Value	Comments
Group Residential Services and Supports- Level 3	T2016	UC	TF	HQ		\$	160.83	\$	159.22	Day	
Group Residential Services and Supports- Level 4	T2016	UC	TF	НІ	HQ	\$	183.49	\$	181.66	Day	
Group Residential Services and Supports- Level 5	T2016	UC	TG	HQ		\$	200.99	\$	198.98	Day	
Group Residential Services and Supports- Level 6	T2016	UC	TG	НІ	HQ	\$	233.45	\$	231.11	Day	
Group Residential Services and Supports- Level 7	T2016	UC	sc	HQ		NR ³	*	NR	*	Day	
Individual Residential Services and Supports- Level 1	T2016	UC				\$	71.49	\$	70.77	Day	
Individual Residential Services and Supports- Level 2	T2016	UC	НІ			\$	115.51	\$	114.36	Day	
Individual Residential Services and Supports- Level 3	T2016	UC	TF			\$	141.15	\$	139.74	Day	
Individual Residential Services and Supports- Level 4	T2016	UC	TF	НІ		\$	171.84	\$	170.12	Day	
Individual Residential Services and Supports- Level 5	T2016	UC	TG			\$	197.47	\$	195.49	Day	
Individual Residential Services and Supports- Level 6	T2016	UC	TG	НІ		\$	248.17	\$	245.69	Day	
Individual Residential Services and Supports- Level 7	T2016	UC	sc			NR ³	*	NR	*	Day	
Individual Residential Services and Supports/Host Home- Level 1	T2016	UC	тт			\$	66.31	\$	65.64	Day	
Individual Residential Services and Supports/Host Home- Level 2	T2016	UC	НІ	TT		\$	107.13	\$	106.06	Day	
Individual Residential Services and Supports/Host Home- Level 3	T2016	UC	TF	TT		\$	130.89	\$	129.58	Day	
Individual Residential Services and Supports/Host Home- Level 4	T2016	UC	TF	HI	TT	\$	159.38	\$	157.78	Day	



Developmental Disabilities

Effective July 1, 2020-June 30, 2021



	_						Rate		Rate		
Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Ef	Effective 01/01/2020		fective 01/2020	Unit Value	Comments
Individual Residential Services and Supports/Host Home- Level 5	T2016	UC	TG	тт		\$	183.13	\$	181.30	Day	
Individual Residential Services and Supports/Host Home- Level 6	T2016	UC	TG	HI	TT	\$	230.17	\$	227.87	Day	
Individual Residential Services and Supports/Host Home- Level 7	T2016	UC	SC	тт		NR'	k	NR	*	Day	
Supported Employment Maximum units of Specialized Habilitation, Supported Community Connections, Prevocational Services, and Supported Employment is 7112 units per service plan year; Maximum combined units of Specialized Habilitation, Supported Community Connections, Prevocational Services and Supported Employment is 4800 units per service plan year											
Supported Employment Group Level 1	T2019	UC	HQ			\$	3.47	\$	3.44	15 Minutes	
Supported Employment Group Level 2	T2019	UC	HI	HQ		\$	3.82	\$	3.78	15 Minutes	
Supported Employment Group Level 3	T2019	UC	TF	HQ		\$	4.24	\$	4.20	15 Minutes	
Supported Employment Group Level 4	T2019	UC	TF	HI	HQ	\$	4.91	\$	4.86	15 Minutes	
Supported Employment Group Level 5	T2019	UC	TG	HQ		\$	5.85	\$	5.79	15 Minutes	
Supported Employment Group Level 6	T2019	UC	TG	Ξ	HQ	\$	7.65	\$	7.57	15 Minutes	
Supported Employment Individual-All Levels	T2019	UC	sc			\$	14.34	\$	14.20	15 Minutes	
Job Development Group- All Levels	H2023	UC	HQ			\$	4.58	\$	4.53	15 Minutes	
Job Development Levels 1-2	H2023	UC				\$	14.34	\$	14.20	15 Minutes	
Job Development Levels 3-4	H2023	UC	HI			\$	14.34	\$	14.20	15 Minutes	
Job Development Levels 5-6	H2023	UC	TF			\$	14.34	\$	14.20	15 Minutes	
Job Placement	H2024	UC				\$	1.00	\$		Dollar	
Job Placement Group Specialized Medical Equi	H2024	UC	HQ			\$	1.00	\$	1.00	Dollar	
Specialized Medical Equi	pinent a	iu Sup	philes							1	ı
Disposable	T2028	UC				\$	1.00	\$	1.00	Dollar	Services may be authorized by a CCB up the DDD pre-established
Equipment	T2029	UC	TF			\$	1.00	\$	1.00	Dollar	thresholds, beyond which DDD prior authorization is required.
Vision	V2799	UC	Н			\$	1.00	\$	1.00	Per Procedure	\$1,000.00 Maximum



Developmental Disabilities

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Rate Effective 01/01/2020	Rate Effective 07/01/2020	Unit Value	Comments
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	Legend
HF	Substance Abuse Program
HI	Integrated Mental Health/Intellectual and Developmental Disabilities program
HQ	Group Setting
NR*	Negotiated Rate, will vary by client
SC	Medically Necessary Service or Supply
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
TT	Individualized service provided to more one patient in the same setting
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)



Supported Living Services

Effective July 1, 2020-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	late ective 1/2020	Effe	Rate ective 1/2020	Unit Value	Comments
Assistive Technology	T2035	UC				\$	1.00	\$	1.00	Dollar	Maximum of \$10,000 of Assistive Technology, Home Accessibility Adaptations, and Vehicle Modifications combined per Waiver Renewal Period (7/1/14 - 6/30/19)
Behavioral Services	1									1	In
Behavioral Line Staff	H2019	UC				\$	7.30	\$	7.23	15 Minutes	Maximum of 960 units per Service Plan year.
Behavioral Consultation	H2019	UC	HI	TG		\$	25.80	\$	25.54	15 Minutes	Maximum of 80 units per service plan year
Behavioral Counseling Individual	H2019	UC	TF	TG		\$	25.80	\$	25.54	15 Minutes	Maximum of 208 units combined Individual and
Behavioral Counseling Group	H2019	UC	TF	HQ		\$	8.70	\$	8.61	15 Minutes	Group, per Service Plan year.
Behavioral Plan Assessment	T2024	UC	HI			\$	25.80	\$	25.54	15 Minutes	Maximum of 40 units per Service Plan year.
Caregiver Education	S5110	UC				\$	12.19	\$	12.19	15 Minutes	
Community Transition Se											
Combined Maximum of \$1	6,700.00	for Cod	ordinate	or and	Items F	Purcha	sed				
Coordinator	T2038	UC				NR*		NR*		Per Transition	\$3,800.00 per Transition, \$15,200 Maximum. Post- transition, up to 3 units for allowed for Extended Transition Services following Department approval.
Items Purchased	A9900	UC				NR*		NR*		Per Purchase	\$1,500.00 Maximum
Day Habilitation Maximum of 7,112 combin Supported Employment pe Specialized Habilitation	r Service	Plan y	ear.	Habilit	ation, S					T T	tional Services, and
Level 1 Specialized Habilitation	T2021	UC	HQ			\$	2.60	\$	2.57	15 Minutes	
Level 2 Specialized Habilitation	T2021	UC	HI	HQ		\$	2.86	\$		15 Minutes	
Level 3 Specialized Habilitation	T2021	UC	TF	HQ		\$	3.18	\$		15 Minutes	
Level 4 Specialized Habilitation	T2021	UC	TF	HI	HQ	\$	3.75	\$	3.71	15 Minutes	
Level 5 Specialized Habilitation	T2021	UC	TG	HQ		\$	4.64	\$		15 Minutes	
Level 6	T2021	UC	TG	HI	HQ	\$	6.66	\$	6.59	15 Minutes	
Supported Community Connections Level 1	T2021	UC				\$	3.16	\$	3.13	15 Minutes	
Supported Community Connections Level 2	T2021	UC	HI			\$	3.45	\$	3.42	15 Minutes	

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources. www.colorado.gov/hcpf

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Supported Living Services

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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Eff	Rate fective 01/2020		Rate ffective /01/2020	Unit Value	Comments
Supported Community Connections Level 3	T2021	UC	TF			\$	3.91	\$	3.87	15 Minutes	
Supported Community Connections Level 4	T2021	UC	TF	НІ		\$	4.48	\$	4.44	15 Minutes	
Supported Community Connections Level 5	T2021	UC	TG			\$	5.40	\$	5.35	15 Minutes	
Supported Community Connections Level 6	T2021	UC	TG	НІ		\$	7.10	\$	7.03	15 Minutes	
Dental	D2999	UC	HI			\$	-	\$	-		Please refer to DIDD Dental Fee Schedule for rates
Home Accessibility Adaptations	S5165	UC				\$	1.00	\$	1.00	Dollar	Maximum \$10,000.00 for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations combined per waiver renewal period (07/01/2014-06/30/2019)
Homemaker				ı	1			•			
Basic Enhanced	S5130 S5130	UC	TF			\$	7.08	\$	7.00	15 Minutes 15 Minutes	Requires a habilitative plan as described in the waiver or extraordinary cleaning due to the individual behavioral or medical needs.
Independent Living Skills Training (ILST)	H2014	UC				\$	9.33	\$	9.33	15 Minutes	24 units per day maximum
Intensive Case Management	T1016	UC				\$	21.10	\$	21.10	15 Minutes	
Mentorship	H2021	UC				\$	11.02	\$	10.91	15 Minutes	Maximum of 192 units/year.
Non Medical Transportat Maximum of 208 trips (all r		ands) į	oer Sei	vice Pl	an yea	r.					
Mileage Band 1 (0-10 Miles)	T2003	UC				\$	6.65	\$	6.58	1 Trip	
Mileage Band 2 (11-20 Miles)	T2003	UC	НІ			\$	13.91	\$	13.77	1 Trip	
Mileage Band 3 (Over 20 Miles)	T2003	UC	TF			\$	21.18	\$	20.97	1 Trip	
Mileage not in Day Program	T2003	UC	НВ			\$	6.65	\$	6.58	4 Trips per week	4 Trips Per Week (Mileage band 1)
Other (public conveyance)	T2004	UC				\$	1.00	\$	1.00	Dollar	A dollar per unit for the cost of a bus pass or other public conveyance may only be used when it is more cost effective than or equivalent to the applicable mileage band.

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Supported Living Services

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Supported Living Services



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Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4		Rate ffective /01/2020		Rate fective 01/2020	Unit Value	Comments
Personal Emergency	_										
Response System (PERS)	S5161	UC				\$	1.00	\$	1.00	Dollar	
Personal Care	T1019	UC	TF			\$	5.71	\$	5.65	15 Minutes	
Prevocational Services Maximum combined units	of Specia	lized H	abilitat	ion, Su	pporte	d Co	mmunity (Conn	ections ar	nd Supported En	nployment is 7,112 units
per year.			1							·	
Prevocational Services Level 1	T2015	UC	HQ			\$	2.60	\$	2.57	15 Minutes	
Prevocational Services Level 2	T2015	UC	HI	HQ		\$	2.86	\$	2.83	15 Minutes	
Prevocational Services Level 3	T2015	UC	TF	HQ		\$	3.18	\$	3.15	15 Minutes	
Prevocational Services Level 4	T2015	UC	TF	HI	HQ	\$	3.75	\$	3.71	15 Minutes	
Prevocational Services Level 5	T2015	UC	TG	HQ		\$	4.64	\$	4.59	15 Minutes	
Prevocational Services Level 6	T2015	UC	TG	HI	HQ	\$	6.66	\$	6.59	15 Minutes	
Professional Services											
Massage Therapy	97124	UC				\$	19.29	\$	19.10	15 Minutes	
Movement Therapy Bachelors	G0176	UC	HN			\$	16.09	\$	15.93	15 Minutes	
Movement Therapy Masters	G0176	UC				\$	23.57	\$	23.34	15 Minutes	
Hippotherapy Individual	S8940	UC				\$	21.43	\$	21.22	15 Minutes	
Hippotherapy Group	S8940	UC	HQ			\$	9.11	\$		15 Minutes	
Rec Pass Access Fee	S5199	UC				\$	1.00	\$	1.00	Dollar	
Respite Care										-	
Individual	S5150	UC	TG			\$	5.35	\$	5.30	15 Minutes	Use Individual Day rate when Respite services exceed 40 units (10
Individual Day	S5151	UC	TG			\$	214.09	\$	211.95	1 Day	hours) in a 24 hour period.
Group	S5151	UC	HQ	TG		\$	1.00	\$	1.00	Dollar	Group Respite rates may
Camp	T2036	UC				\$	1.00	\$	1.00	Dollar	not exceed the rate paid for Individual Respite.
Specialized Medical Equi	pment a	nd Sup	plies								
						_		*		.	
Disposable	T2028	UC				\$	1.00	\$	1.00	Dollar	
Equipment	T2029	UC	TF			\$	1.00	\$	1.00	Dollar	
					l						



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Date: 06/23/2020

Effective July 1, 2020-June 30, 2021



Service Description	Proc Code	Mod #1	Mod #2	Mod #3	Mod #4	Effe	tate ective 1/2020	Eff	Rate ective 1/2020	Unit Value	Comments
Supported Employment The maximum Supported Employment units per Service Plan year are limited to 7,112 minus the combined total units for Specialized Habilitation, Supported Community Connections and Prevocational Services, which are limited to a maximum of 4,800 units.											
Supported Employment Group Level 1	T2019	UC	HQ			\$	3.47	\$	3.44	15 Minutes	
Supported Employment Group Level 2	T2019	UC	HI	HQ		\$	3.82	\$	3.78	15 Minutes	
Supported Employment Group Level 3	T2019	UC	TF	HQ		\$	4.24	\$	4.20	15 Minutes	
Supported Employment Group Level 4	T2019	UC	TF	НІ	HQ	\$	4.91	\$	4.86	15 Minutes	
Supported Employment Group Level 5	T2019	UC	TG	HQ		\$	5.85	\$	5.79	15 Minutes	
Supported Employment Group Level 6	T2019	UC	TG	HI	HQ	\$	7.65	\$	7.57	15 Minutes	
Supported Employment Individual-All Levels	T2019	UC	ні			\$	14.34	\$	14.20	15 Minutes	
Job Development Group- All Levels	H2023	UC	HQ			\$	4.58	\$	4.53	15 Minutes	
Job Development Levels 1-2	H2023	UC				\$	14.34	\$	14.20	15 Minutes	
Job Development Levels 3-4	H2023	UC	НІ			\$	14.34	\$	14.20	15 Minutes	
Job Development Levels 5-6	H2023	UC	TF			\$	14.34	\$	14.20	15 Minutes	
Job Placement	H2024	UC				\$	1.00	\$	1.00	Dollar	
Job Placement Group	H2024	UC	HQ			\$	1.00	\$	1.00	Dollar	
Vehicle Modifications	T2039	UC				NR*		NR*		Per Mod	Maximum \$10,000.00 for combination of Assistive Technology, Vehicle Modifications and Home Accessibility Adaptations combined per waiver renewal period (07/01/2014-06/30/2019)

	Legend
НВ	To and From Adult Day (HCPSC Defn: Adult Program, non-geriatric)
HF	Substance Abuse Program
HI	Integrated Mental Health/Intellectual and Developmental Disabilities program
HN	Bachelor's Degree Level
HQ	Group Setting
NR*	Negotiated Rate, will vary by client
TF	Intermediate Level of Care
TG	Complex/High Tech Level of Care
UC	Colorado Choice Transitions (HCPCS Defn: Medicaid Level of Care 12, as defined by each state)





ADJUSTMENT TABLE		
WAIVER TYPE	PERCENTAGE INCREASE	MULTIPLIER
Across the Board Decrease Effective July 1, 2020		
CCT EBD	-1.000%	0.99000
CCT CMHS	-1.000%	0.99000
CCT BI	-1.000%	0.99000
CCT DD	-1.000%	0.99000
CCT SLS	-1.000%	0.99000

